

Township of Mansfield
Warren County, New Jersey

Douglas Mace, Zoning Official
Phone (908)454-9500

Fax (908)454-2262

ZONING APPLICATION/PERMIT

Date _____

Phone Number _____

Applicant's Name: _____

Address: _____

Property location/address if different from above: _____

Block _____ Lot _____ Zone _____ Acres _____

Application is hereby made to: () build/expand principal unit () build/expand accessory unit () repair () other

Structure or Use Proposed: _____

Submit a survey or plot plan delineating all proposed structures, setbacks, wells, and septic systems. Wells and septic systems do not have to be delineated on the survey if application is made for an accessory building.

Applicant will demonstrate that construction will not disturb any wetlands, transition areas, buffer zones or steep slopes.

By signing this form, the Applicant and/or Owner of such property will take full responsibility for any incomplete, misleading or inaccurate information which may be the subject of revocation of the permit.

Signature of Applicant _____

This section to be completed by Zoning Official

PERMIT APPROVED

() Use permitted by Ordinance

() Use made possible by _____

as approved on _____ and subject to any condition(s) as part of Final resolution of approval.

() a valid pre-existing non-conforming use or structure.

Approval Signature _____
Zoning Official _____ Date _____

PERMIT DENIED

Denial Signature _____
Zoning Official _____ Date _____

Codes Violated: _____

Revised 1/3/07 (Fee \$35.00 _____)(Commercial Fee \$50.00 _____)